RI SOS Filing Number: 201872829890 Date: 7/26/2018 11:19:00 AM



## Statement of Change of Registered Office

DOMESTIC or FOREIGN Non-Profit Corporation

→ No Filing Fee

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| •   | RIGL <u>7-6-13(d)</u> or <u>7-6-78(d)</u> the changing its registered office <i>Oi</i> | •                                | ¥                              |  |  |
|---|--|----------------------------------|--------------------------------|--|--|
| 1. Entity ID Number                       | 2. Exact Name of the Corporation   |                                  |                                |  |  |
| 866128                                    | Stay at Home in Little Compton, Inc.   |                                  |                                |  |  |
| 3. The address of the regist              | ered office as PRESENTLY sho   | wn in the records on file with t | ne RI Department of State:     |  |  |
| Street Address 1340 Main Ro               | oad  |                                  |                                |  |  |
| City/Town <b>Tiverton</b>                 |  | State RHODE ISLAND               | ND Zip 02878                   |  |  |
| 4. The address of the NEW                 |  |                                  |                                |  |  |
| Street Address (NOT a P.O. Bo             | <sup>OX)</sup> 3913 Main Road, Unit E  |                                  |                                |  |  |
| City/Town <b>Tiverton</b>                 |  | State RHODE ISLAND               | <sup>Zip</sup> 02878           |  |  |
| 5. Date when the Change of                | f Registered Office will be effect   | ve: CHECK ONE BOX ONLY           |                                |  |  |
| Date received (Upon file                  | ling)  |                                  |                                |  |  |
| Later effective date (Da                  | ate must be no more than 30 day  | ys from the date of filing)      |                                |  |  |
| 6. A copy of this Statement               | has been mailed to the corporat  | ion (applicable when agent red   | cords statement).              |  |  |
| 7. If recorded by the corpora             | ation, the change was authorized   | d by a resolution duly adopted   | by its board of directors.     |  |  |
|   | leclare and affirm that I have exa<br>d herein are true and correct.                   | amined these Statement of Ch     | ange of Registered Office, and |  |  |
| Name of the Registered Ag                 | Date   |                                  |                                |  |  |
| Hilary G. Woodhouse                       |  |                                  | 8 7/24/2018                    |  |  |
| Signature of the Registered  X Holony 711 | Agent/President or Vice President SIGN DOC   |                                  |                                |  |  |
| 1   |  |                                  |                                |  |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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